

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2008 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$768,029	2.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">             DIVISION OF INSURANCE              STATE OF ILLINOIS/IDFPR  <b>FILED</b>              JUN 01 2008              SPRINGFIELD, ILLINOIS           </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">             DIVISION OF INSURANCE              STATE OF ILLINOIS/IDFPR  <b>FILED</b>              JUN 01 2008              SPRINGFIELD, ILLINOIS           </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">             American Fire and Casualty Company              Name of Company           </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">             Tammy Blake, Sr. Analyst, Regulatory Filing              Official - Title           </div>
---	---

**RECEIVED**  
 FEB 20 2008  
 IDFPR (MPC)  
 DIVISION OF INSURANCE  
 SPRINGFIELD

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2008

(1) Coverage	(2) Annual Premium of Insurance Volume Illinois DIVISION OF INSURANCE ILLINOIS/IDFPR FILED MAY 01 2008 SPRINGFIELD, ILLINOIS	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	4,645,811	+6.0

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): For new and renewal business effective May 1, 2008, adopt NCCI rates announced in Circular IL-2007-05 and approved in IL-2007-08. Also file revised Miscellaneous Values Page, IL-WC-MV-AIC Ed 05/08, which will replace page IL-WC-AIC Ed 05/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company

Name of Company

Tracy Upcott - Compliance Analyst I

Official - Title

**RECEIVED**

FEB - 8 2008

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	8,712,977	+6.3

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

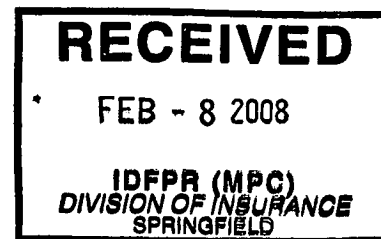
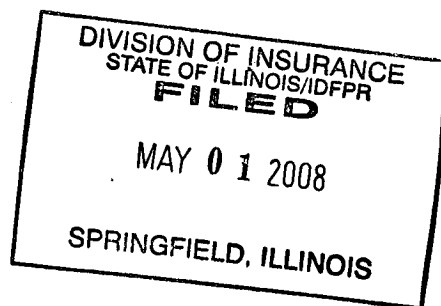
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): For new and renewal business effective May 1, 2008, adopt NCCI rates announced in Circular IL-2007-05 and approved in IL-2007-08. Also file revised Miscellaneous Values Page, IL-WC-MV-AMI Ed 05/08, which will replace page IL-WC-AMI Ed 07/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Amerisure Mutual Insurance Company  
Name of Company

Tracy Upcott - Compliance Analyst I  
Official - Title



# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 7/1/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,115,866</u>	<u>-9.76%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revised company Loss Cost Modifier from 1.64 to 1.48.

*Supersedes last Filing*

\* Adjust to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO.

Name of Company

Dennis McVay, CPCU

Director, Research & Development

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective 7/1/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	<u>\$,3797,892.</u>	<u>-5.49%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

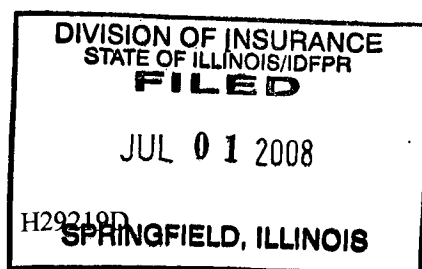
No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopting NCCI loss costs and Rating Value Revision subject to specified deviated class codes  
dated effective January 1, 2008.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company

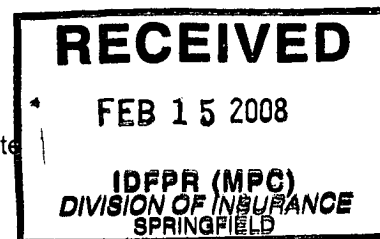
Name of Company

Sharon Winter, Statistical & Research Analyst

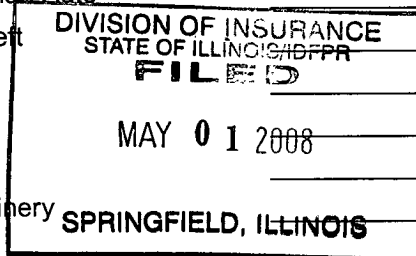
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective May 1, 2008



(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>15,532,386</u>	<u>11.9%</u>
<u>Line of Insurance</u>		



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are revising our multiplier and deviations on some class codes. The impact is +11.9% change  
in our premium level.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which  
will result from application of new rates.

Federated Mutual Ins. Co.

Name of Company

Greg Bangs ACAS, MAAA - Assoc. Actuary

Official - Title

SUMMARY SHEET

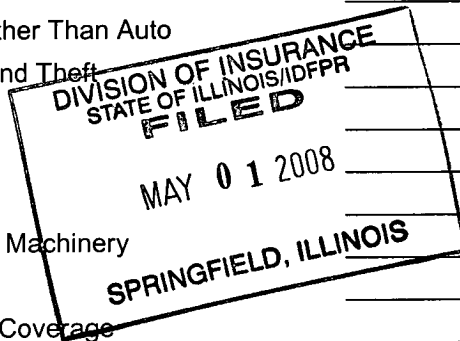
Change in Company's premium or rate level produced by rate  
revision effective May 1, 2008

**RECEIVED**

FEB 15 2008

**IDFPR (MPC)**  
**DIVISION OF INSURANCE**  
**SPRINGFIELD**

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>400,948</u>	<u>10.2%</u>
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are revising our multiplier and deviations on some class codes. The impact is +10.2% change  
in our premium level.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which  
will result from application of new rates.

Federated Service Ins. Co.

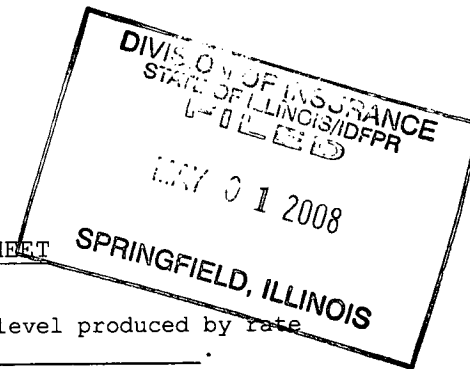
Name of Company

Greg Bangs, ACAS, MAAA - Assoc. Actuary

Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate  
revision effective May 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	11,022,126	+6.5%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of NCCI loss costs and rating  
values per NCCI Circular IL-2007-08 for new and renewal business effective  
May 1, 2008. An LCM of 1.569 will be used to determine final rates.

\* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Grinnell Mutual Reinsurance Company  
Name of Company

Karen Bethea - Actuary  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

05-15-2008 N &amp; R

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	55,611	<del>4.8%</del> -0.4
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are revising Expense Constant only, from \$260 to \$160. No other changes will be made with this filing.

\*Adjusted to reflect all prior rate changes.

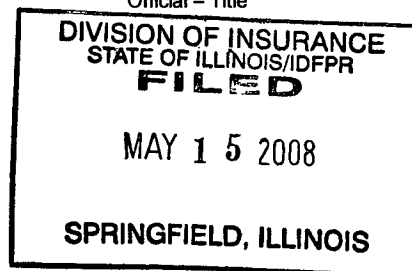
\*\*Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Company

Name of Company

Scott Reddig, Chief Actuary &amp; SVP

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 5/15/2008 N & R

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	1,328,110	<del>100%</del> - 0.4
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are revising Expense Constant only, from \$260 to \$160. No other changes will be made with this filing.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

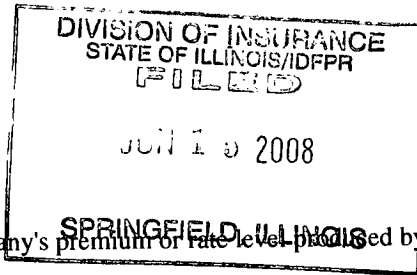

GuideOne Mutual Insurance Company

Name of Company

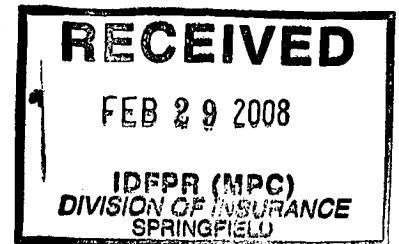
Scott Reddig, Chief Actuary & SVP

Official - Title

Form (RF-3)



SUMMARY SHEET



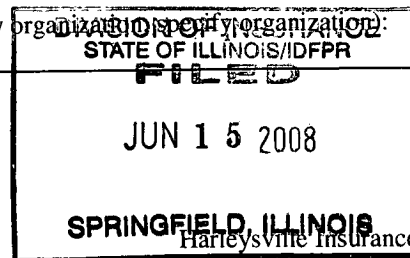
Change in Company's premium or rate level provided by rate revision effective 6-15-08 NB & 9-15-08 REN

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$117,462</u>	<u>21.3%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
Revised LCMs for all classes to a uniform 1.963.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Revised loss cost multipliers. See rate pages for details.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will result from application of new rates.



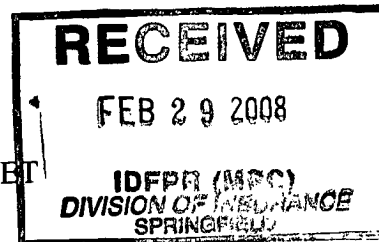
Harleysville Insurance Company  
Name of Company

*Eileen Fisher*

Eileen Fisher  
Senior State Filings Analyst  
Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

6-15-08 NB & 9-15-08 REN

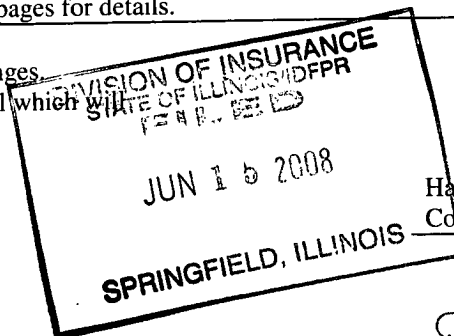
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$5,220,240	-3.8%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
Revised LCMs for all classes to a uniform 1.570.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Revised loss cost multipliers. See rate pages for details.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



Harleysville Lake States Insurance  
 Company  
 Name of Company

*Eileen Fisher*

Eileen Fisher  
 Senior State Filings Analyst  
 Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2008 NB &amp; RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private <del>Passenger Commercial</del>		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$4,593,206	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

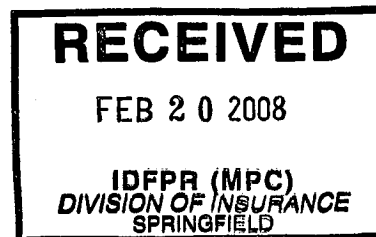
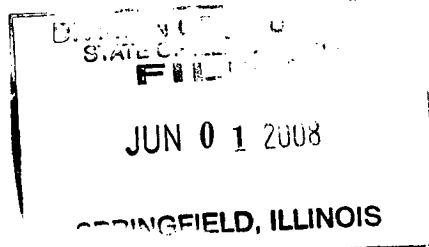
\*\*Change in Company's premium level which will result from application of new rates.

The Ohio Casualty Insurance Company

Name of Company

Tammy Blake, Sr. Analyst, Regulatory Filing

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2008 NB & RB

(1) Coverage	(2) DIVISION OF INSURANCE OF ILLINOIS/IDFPR Annual Premium Volume (Illinois) <b>FILED</b>	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	<b>JUN 01 2008</b> <b>SPRINGFIELD, ILLINOIS</b>	
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$955,834	3.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

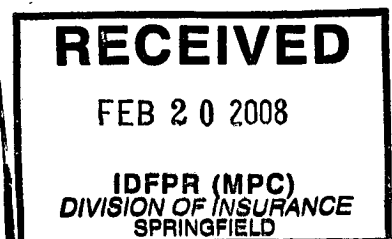
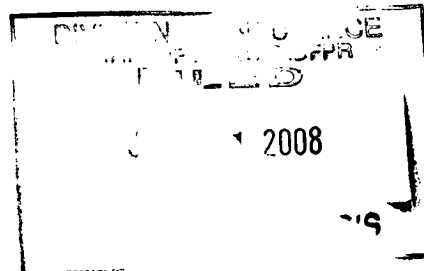
\*\*Change in Company's premium level which will result from application of new rates.

The Ohio Security Insurance Company

Name of Company

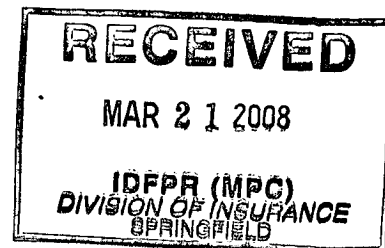
Tammy Blake, Sr. Analyst, Regulatory Filing

Official - Title



Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate  
revision effective 6/1/2008

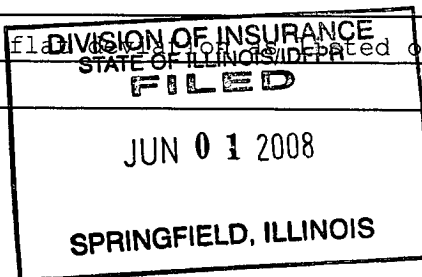
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	<u>25,623,800</u>	<u>+7.9%</u>

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): NCCI

1/1/2008 Advisory Rates with class deviations and a filing of rates reported on  
the attachment.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will  
result from application of new rates.



Sentry Insurance a Mutual Company  
Name of Company

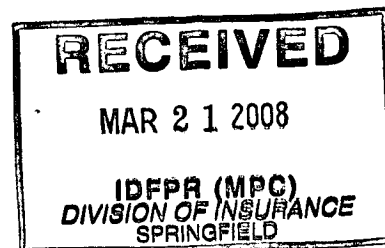
Janel Danczyk, Compliance/Development Analyst  
Official - Title

H29219D

INS00106

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 6/1/2008

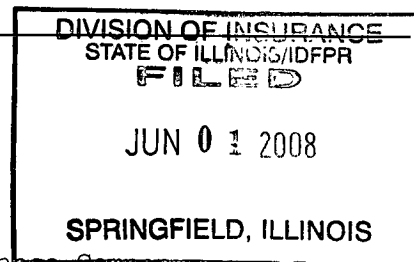
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>4,343,058</u>	<u>+6.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

1/1/2008 Advisory Rates with class deviations and a flat deviation as listed on the attachment.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



Sentry Select Insurance Company  
Name of Company

Janel Danczyk, Compliance/Development Analyst  
Official - Title

H29219D



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/08

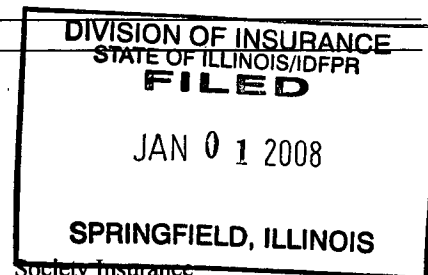
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$13,750,000</u>	<u>+5.83%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Voluntary Advisory Rates effective 1/1/08.

- \* Adjusted to reflect all prior rate changes.  
 \*\* Change in Company's premium level which will result from application of new rates.



Society Insurance

Name of Company

Chad Thurn - Staff UW Manager  
 Official - Title

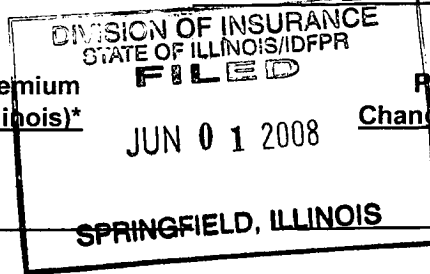
# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2008 NB &amp; RB

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	\$4,743,484	2.3%



Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_ NCCI

Please refer to the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

West American Insurance Company

Name of Company

Tammy Blake, Sr. Analyst, Regulatory Filing

Official - Title

